

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED  
*PS 183*

04 DEC 14 PM 5:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT *074*



TK

<b>DOCUMENT # P94000057169</b>			
1. Entity Name <b>CLASSCREDIT, INC.</b>		Principal Place of Business <b>6420 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216</b>	
Mailing Address <b>6420 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216</b>		2. Principal Place of Business	
3. Mailing Address <i>121 S. 13th Street</i>		Suite, Apt. #, etc. <i>Suite 201</i>	
City & State <i>Lincoln, NE</i>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <i>68508</i>		Country <i>USA</i>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>After January 1, 2005, Fee will be \$300.00</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DUNLAP, MICHAEL 6801 SOUTH 27TH STREET LINCOLN, NE 68512 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dunlap, Michael 121 S. 13th St., Ste 201 Lincoln, NE 68508 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MARTINEZ, EDWARD P 6420 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Martinez, Edward 3015 S. Parker Rd., Ste. 400 Aurora, CO 80014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIMES, TERRY 121 SOUTH 13TH STREET, #301 LINCOLN, NE 68508 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Heimes, Terry 121 S. 13th St., Ste. 201 Lincoln, NE 68508 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Listing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date _____	
Signature, typed or printed name of signing officer or director		Daytime Phone # _____	

PS 2 93

2004 FOR PORFIT CORPORATION REIMSTATEMENT

Document #P94000057169

Entity Name: Classcredit, Inc.

Box 11 – Additions to Officers and Directors

Title P  
Name Spethman, Scott  
Street Address 121 S. 13th St., Ste. 201  
City-ST-Zip Lincoln, NE 68508

Title D  
Name Leach, Dennis  
Street Address 6420 Southpoint Pkwy  
City-ST-Zip Jacksonville, FL 32216

Title D  
Name Bottegal, Dave  
Street Address 1726 M Street NW  
City-ST-Zip Washington, D.C. 20036

Title D  
Name Noorhoek, Jeffrey  
Street Address 121 S. 13th St., Ste. 201  
City-ST-Zip Lincoln, NE 68508

Title D  
Name Bouc, Don  
Street Address 121 S. 13th St., Ste. 201  
City-ST-Zip Lincoln, NE 68508

Title D  
Name Pierce, Richard  
Street Address One City Center, Ste. 170  
City-ST-Zip Portland, ME 04101

Title D  
Name Butterfield, Stephen  
Street Address 6991 E. Camelback Rd., Ste., B290  
City-ST-Zip Scottsdale, AZ 85251

Title D  
Name Watson, Cheryl  
Street Address 8425 Woodfield Crossing Blvd, Ste. 401  
City-ST-Zip Indianapolis, IN 46240

Title D  
Name Ciarvella, Ray  
Street Address 3015 S. Parker Rd., Ste. 400  
City-ST-Zip Aurora, CO 80014

Title D  
Name Eicher, Todd  
Street Address 6420 Southpoint Pkwy  
City-ST-Zip Jacksonville, FL 32216

Title D  
Name Hall, Matt  
Street Address 3015 S. Parker Rd., Ste. 400  
City-ST-Zip Aurora, CO 80014

Title D  
Name Hosea, Charles  
Street Address 6420 Southpoint Pkwy  
City-ST-Zip Jacksonville, FL 32216



121 SOUTH 13TH STREET  
SUITE 201  
LINCOLN, NE 68508

p 402.458.2370  
f 402.458.2399

19 3 9 7  
www.nelnet.net  
NELNET, INC.

November 24, 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: ClassCredit, Inc.  
P94000057169  
Corporation Reinstatement

Dear Corporation Registrations:

Please find enclosed Nelnet check #114509 in the amount of \$150.00 and Corporation Reinstatement form submitted on behalf of ClassCredit, Inc. I have also attached the correspondence we received from your office dated November 10, 2004 indicating that our original application was not filed because the form was not suitable for archiving.

We are requesting the \$600.00 reinstatement fee be waived since the annual report notices were not received by our office. As noted in the attached letter dated November 1, 2004 from Karen Hart of our office, the Notice of Dissolution was our first indication that the annual report had not been filed for this entity.

Please do not hesitate to contact me if you need further details or documentation to reinstate this company.

Thank you for your assistance,

Angie Cox  
Senior Tax Accountant  
Nelnet, Inc.  
[angie.cox@nelnet.net](mailto:angie.cox@nelnet.net)  
402.458.3077 phone  
402.458.2399 fax

Enclosures